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**NOV 30 2006**

**PATENT**  
**SIE03 P-649A**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Group Art Unit : 3651  
Examiner : James R. Bidwell  
Applicant : Robert L. Stone  
Serial No. : 10/720,581  
Filed : November 24, 2003  
For : SENSORS FOR ARTICLE SORTER

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: 571-273-8300

Dear Sir:

**RESPONSE**

Responsive to the Office Action mailed September 7, 2006, Applicant wishes to amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

Via Facsimile No. (571) 273-8300

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Via Facsimile (571) 273-8300

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent and  
Trademark Office on the date shown below:

1. Claims as Amended Transmittal Sheet (1 page, in duplicate)
2. Response (6 pages)

**YOU SHOULD RECEIVE A TOTAL OF 9 PAGES**

Dated: November 30, 2006.



Elaine L. Leva  
Van Dyke, Gardner, Linn & Burkhardt, LLP  
P.O. Box 888695  
Grand Rapids, MI 49588-8695  
(616) 975-5500

TAF/cil

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.  
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2		Col. 3	Small Entity	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Add'l Fee	Rate
Total Claims	14	Minus	26	= 0	x \$25	\$ .00	x \$50	\$ .00
Independent Claims	1	Minus	2	= 0	x \$100	\$ .00	x \$200	\$ .00
First Presentation of Multiple Dependent Claims					\$180	\$ .00	x \$360	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ .00		\$ .00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application has been established.
- ☒ No additional Fee is required.
- A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: November 30, 2006

By Timothy A. Flory  
 Timothy A. Flory, Registration No. 42 540  
 2851 Charlevoix Drive, S.E.  
 P.O. Box 888695  
 Grand Rapids, Michigan 49588-8695  
 (616) 975-5500

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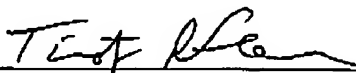
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